

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/803026

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 22            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 22 minus 20 = | 2                        |
| INDEPENDENT CLAIMS               | 6 minus 3 =   | 3                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS18=     | 34     |
| X43=      |        | OR X86=      | 18     |
| +145=     |        | OR +290=     |        |
| TOTAL     |        | OR TOTAL     |        |

- If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|--------------------------|---|-------|---|------------------|
|  |                          | Minus                                     | =     |   |                  |
| Total  | *                        | 19  | Minus | 22  | =                |
| Independent                                    | *                        | 7   | Minus | 6   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |   |       |   |                  |

1 - 4 - 5 - 6 - 2 - 1 - 2 - 2

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    |                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|--------------------------|---|---|---|------------------|
|  |                          | Minus                                     | = |   |                  |
| Total  | *                        | Minus                                     | = |   |                  |
| Independent                                    | *                        | Minus                                     | = |   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |   |   |   |                  |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|--------------------------|---|---|---|------------------|
|  |                          | Minus                                     | = |   |                  |
| Total  | *                        | Minus                                     | = |   |                  |
| Independent                                    | *                        | Minus                                     | = |   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |   |   |   |                  |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.